OCT 1 6 2002

State of South Dakota

Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in a PACs, political party, ballot question and other	the office where you filed your nominating petition. er committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave, Pierre, SD 57501-5070
completing this report.	deline Book for specific instructions on
Name of Candidate or Committ	ee Friends for South Daketa
Complete Mailing Address Po	Box 442 Huron SD 57350
Name of Person Making Report	Box 442 Huron SD 57350 Box 442 Bussell Phone 352-8675
	office are you seeking
If you are a ballot question committee was involved with measure was supported or opp	committee, indicate which measure(s) the during the reporting period and whether the cosed.
Type of Report (See pages 4 For Reporting Period Ending	& 5 of Guideline Book) Pre-General- Final (See pages 4 & 5 of Guideline Book) 10/26/02
The following verification must be	completed before submitting report.
VERIFICATION OF PERSON MAKIN	NG REPORT
I Gayle Bussell	(print name legibly), certify
,	eport and to the best of my knowledge and
belief it is true, correct a	
Date: 10/14/02	Layle Bussel, Iseasure Candidate Signature or Signature of Committee Treasurer or Chairperson
Revised July 2001	. H
	Filed this 2 day of

Name of Candidate or (Committee Friends	for South L	aKota
For the reporting per	iod ending 10/26	62	
	Schedule A - Direct (
but for this report you may compolitical parties and enter these the next page. Any contributio or political party and all contribute amount, name, address and contributor has their own sections space, or you may attach addities.	sums as unitemized contribution of more than \$100 or aggregoutions from PAC's must be explace of employment (if appliant for itemization. This schedule on all sheets of paper.	or less from individuals and tons on their respective lines be ate during a calendar year frontered as a separate item (item cable) of the contributor. Each	the same from elow and on om an individual nized) giving the type of need more
Unitemized Contribution			*\$08
Itemized Contributions Name	Residence Address	Place of Employment (Name of Employer)	
Three Affilated	HC 3 Box 2 New Town ND 58763		\$ 500.00
Tribes Tunica - Biloxi Tribe of LA	New Town ND 58763 PO Box 1589 Marks Ville LA 7/35		\$ 500.00
TRIBE OF AT	1110.113 01112 211 11.33		\$
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Total of Itemized Contributions from Individuals:

*\$ 1500 pd

	ect Contributions (continued)	
nitemized Contributions from Pol	litical Parties:	*\$ <u>,eo</u>
temized Contributions from Polit		
Party Name	Address	
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		\$
otal of Itemized Contributions	from Political Parties:	*\$,00
(All contributions from Parame	AC's must be itemized.) Address	Š
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Name of (Candidate	or Committee _	Friends	For	South	Dakota	
For the	reporting	period ending_	10/26/02				
		Schedule B - Fu		vents Pr	oceeds		
List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.							
Type of	Event		Net P	roceeds	ž _ų .		
		*					
			- 11 - 11 - 1		9		
					Total	\$.00	
=======	=======						===
		Schedule C	: - In Kind Co	ontributio	ons		
Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.							
exceeds \$10	on-cash control on, the name	ributions of goods or s of the contributor, res	services and the es idence address and	timated fair d place of e	market valu mployment n	e. If the value nust be reported.	
exceeds \$10	00, the name	ributions of goods or so the contributor, resonant contribution	idence address and	timated fair d place of e ed Value	mployment n	e. If the value nust be reported.	tor
exceeds \$10	00, the name	of the contributor, res	idence address and	d place of e	mployment n	nust be reported.	tor
exceeds \$10	00, the name	of the contributor, res	idence address and	d place of e	mployment n	nust be reported.	tor
exceeds \$10	00, the name	of the contributor, res	idence address and	d place of e	mployment n	nust be reported.	tor
exceeds \$10	00, the name	of the contributor, res	idence address and	d place of e	mployment n	nust be reported.	tor
exceeds \$10	00, the name	of the contributor, res	idence address and	d place of e	mployment n	nust be reported.	tor
exceeds \$10	00, the name	of the contributor, res	idence address and	d place of e	mployment n	nust be reported.	tor
exceeds \$10	00, the name	of the contributor, res	Estimat	d place of e	mployment n	nust be reported.	tor
exceeds \$10	00, the name	of the contributor, res	idence address and	d place of e	mployment n	nust be reported.	tor
exceeds \$10 Nature o	O, the name of Non-Cas	of the contributor, res	Estimat Estimat Legion D - Other	d place of e	Total	e \$	tor ===
Nature o	O, the name of Non-Cas	of the contributor, results to the contribution of the contributio	Estimat Estimat Legion D - Other	ed Value income whi	Total	e \$	tor
Nature o	of Non-Cas	of the contributor, results to the contribution of the contributio	Estimat Estimat Lettinat Lettinat Lettinat Lettinat Lettinat	ed Value income whi	Total	e \$	tor
Nature o	of Non-Cas	of the contributor, results to the contribution of the contributio	Estimat Estimat Lettinat Lettinat Lettinat Lettinat Lettinat	ed Value income whi	Total	e \$	tor ===

Total: \$.00

Name of Cand	lidate or Comm:	ittee <u>Frien</u>	45 For	JULIFF	1 141,019	
For the repo	orting period o	ending 10/	26/02			
		Schedule E -	Expenditure	S		
provided for repo	to report all expending common expension committees must	nses. All other exp	enses should be	aign. Line i listed. All	items have been contributions (t o
Item	Amount				es and Comm	
Advertising		Beadle	County	Democ	rat farty	\$500.00
Consulting		Volesky	For At	torney	General	\$1,250.0
Postage						
Printing						
Rent						
Salaries						
Telephone						
Travel						
Utilities		-				

Other Expenses:

Total Expenditures: \$1,750.00

Name of Candidate or Committee	Friends	For	South	Dakota	
For the reporting period ending_	10/26/02				
Schedule F - Debts and Obligations					

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

Owed To

Purpose

Amount

Total Obligations: \$,00

	of Candidate or Committee Friend	1. 5.	South	Dakota
Name	of Candidate or Committee ///2/	15 FOR	Sind.	241017
For	the reporting period ending 10/2	26/02	Fingl	
	Summary	/ Page		
This Pleas	summary sheet will give a brief outline of all campai e transfer all totals from the schedules previously co	ign finance activit mpleted.	y during this	reporting period.
1.	Amount on hand, if any, at beginning	g of reporti	ng period	\$ 250.00
2.	Receipts			
	Schedule A - Direct Contributions	\$ 1,500.00	>	
	Schedule B - Fund-Raising Events	\$		
	Schedule C - In Kind Contributions	\$		
	Schedule D - Other Income	\$		
	Total of all receipts	\$ 1,500.00		
3.	Total Monetary Receipts (A+B+D)			\$ 1,500.00
4.	Candidate's Personal Contribution t	o Own Campai	gn	\$
5.	Monetary Loans to Candidate or Comm Reporting Period	ittee During		\$
6.	Monetary Loans Repaid During Report	ing Period		\$,00
7.	Expenditures - Schedule E			\$1,750.00
•	The deligations - Schedule F	\$.00		

Amount on hand at the close of this reporting period. This should equal lines (1+3+4+5)-(6+7)

\$_ .00

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